

Exhibit "B"

EXHIBIT B

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: D8-220

THIS IS NOT AN APPEAL RESPONSE – THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Do Not Combine Staff Complaints with Other Issues | <input type="checkbox"/> Inappropriate Statements |
| <input checked="" type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> DRB Decisions Are Not Appealable |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Appealing Action Not Yet Taken |
| <input type="checkbox"/> Pointless Verbiage/Appeal is vague | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> Write your appeal in black or blue ink, this is a legal document and pencil/inks other than black or blue do not copy legibly |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Request for Interview; Not an Appeal | |
| <input type="checkbox"/> Numerous and separate issues | |


PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Hollis- I will not accept the appeal because
time constraints were not met (C/O Alvarez
confirmed the issuance date previously)

However, I will forward a copy of your
letter to the CDO today (3/26/07).

(the whole packet)


 Roy Medina, CC-II
 Appeals Coordinator

(D) #4

Date:

3/26/07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation in a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: D8-113


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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Hollis - you presented no due process/procedural errors, only your defense to the charges.your statements regarding witnesses is refuted by your signature on RVR.
Eloy Medina, CC-II
Appeals CoordinatorDate: 2/5/07

(D)

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State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Hollis CDC #: E-37508 CDC HOUSING: D8C/13


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| | not copy legibly |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Appeal rejected as staff complaint by
Hiring Authority.Hollis - you are aware of how to
Appeal an RVR.3/28/07 - note due process/procedural errors, Your appeal is only your
defense to the charges.
Eloy Medina, CC-II
Appeals Coordinator

(D)

Date:

3/15/07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Hollis this is not a staff complaint, it is
your defense to a RVR, present
your defense during the hearing.
You are aware of how to appeal an
RVR already.

RECEIVED FEB 01 2007


Eloy Medina, CC-II
Appeals Coordinator

(C)

Date: 1/10/07

RECEIVED JAN 31 2007

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State of California

INMATE / PARC E APPEAL SCREENING FORM

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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS**Comments:** You may write on back of this form to clarify or respond to the above.

you state RVR is false. The SHO determined otherwise.
That's the purpose of the hearing, to determine if
you is culpable for the charged offense.

you present your argument to the charges. The
appeals process is not to re-hear the RVR.

You have not noted any due process/procedural errors.


 Eloy Medina, CC-II
 Appeals Coordinator
(D)
#13)Date: 5/7/07

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PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

State of California

INMATE / PAROLE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation

CDCR-695

INMATE: Hollis CDC #: E-37508 CDC HOUSING: D8-113

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PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

- Complete copy was not attached (857, Reissue/Rehear order)
- date of RIR issuance 12/1/06
- date of appeal receipt 12/27/06

1/26/07
Hollis- who was the issuing officer? According to RIR, Appeal is untimely.

REC'D FEB 28 2007


Eloy Medina, CC-II
Appeals Coordinator

Date: 1/26/07

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PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

INMATE/PAROLEE

APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has significant adverse affect upon you. With the exception of Serious 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeal Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Div B

Batt. on P.O. C06-03-0012R

NAME <u>MARVIN HOLLIS</u>	NUMBER <u>E-37508</u>	ASSIGNMENT <u>*Acl-SPG*</u>	UNIT/ROOM NUMBER <u>D-8-113</u>
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A. Discuss Problem: This complaint is filed Against SALINAS VALLEY STATE PRISON SENIOR HEARING OFFICER C. BARROGA, CA-2. M.P. MOORE, AND (CDW) A. Heckguth. I WAS DENIED A FAIR AND IMPARTIAL DISCIPLINARY HEARING RELATED TO RVR# C06-03-0012R AND THE SENIOR HEARING OFFICER FAILED TO ADHERE TO (CDW) A. Heckguth ORDER TO DETERMINE THE DISPARITY OF OFFICER L. GOODLETT AND S/O ZAMORA WRITTEN REPORT RELATED TO RVR# FC-05-04-0049 AND MOC ORDER DATED 3-17-06. I WAS DENIED DUE PROCESS AND NOT PROVIDED A

If you need more space, attach on additional sheet.

A. Action requested: FOR RVR# C06-03-0012R to be dismissed IN THE INTEREST OF JUSTICE PER CCR. 3084.5(h) (1), 3(2), OR FOR THE DISPARITY OF BOTH OFFICERS ZAMORA, AND GOODLETT TO BE ADDRESSED AS ORDERED BY A. Heckguth 2ND LEVEL OF APPEALS RELATED TO FC-05-04-0049, OFFICERS REPORTS.

Inmate/Parolee Signature: Marvin HollisDate Submitted: 12-25-06

B. INFORMAL LEVEL (Date Received _____)

Staff Response: _____

REC'D DEC 27 2006

Staff Signature: _____

RECEIVED FEB 20 2007

Date Returned to Inmate: _____

C. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigators Report, Classification Report, etc.) and submit to the Institution/Parole Region Appeals Coordinator for procession within 15 days of receipt of response.

RECEIVED MAR 23 2007

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control Form BC-1E, Inmate Claim

CDC Appeal Number: _____

CANCELLED

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 of days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other _____

☐ See Attached Letter

Date: _____

CANCELLED

* (CONTINUATION FROM SECTION (A)) *

copy of all reports 24 hours prior to my hearing which include and not limited to; a copy of the amended PART-C CONTINUATION OF ILS CIRCUMSTANCE IN WHICH THE COPY I WAS ISSUED PART-C

CONTINUATION OF ILS CIRCUMSTANCES has Log # FC-05-04-0049 dated 3-17-06. ALL reports generated related to this RVR is disingenuous and CONTRADICTION and that the reporting employee was dishonest through out the proceedings and filed FALSE charges against me. The (Sho) FALSELY found me guilty based on his predetermined belief and WILLFULLY failed to consider the dishonest statements contrary to the written report and the disparity between both OFFICER Goochlett and ZAMORA written report. The (Sho) ruled that the REISSUED (RVR) had a TYPOGRAPHICAL ERROR OF 1570 HOURS OF THE time of the ALLEGED INCIDENT AND used the error in the REISSUE (RVR) to address the disparity among the reports of Goochlett and ZAMORA. The ORIGINAL (RVR) does not have a

* (OVER ON BACK) *

date of 1520 hours of the incident allegedly happening. To date, the disparity of both officer Zamora and Goodlett has not been addressed or ordered by A. Herdypeth 2nd Level of appeals. Officer Goodlett lied to the (sho) as to when he notified officer Zamora of the alleged incident which he wrote in the circumstances he told C/O Zamora I grabbed his wrist when I was released from the shower. C/O Zamora claims he was not notified until Goodlett informed him claiming escort near the C2-Observation gun. C/O Goodlett failed to state which wrist was grabbed if any and how. If I was pressing the alarm with negative results and if C/O Goodlett covered the alarm with his hand I would have to have been grabbed by C/O Goodlett. C/O Zamora, Report is clear and that he and officer Goodlett walked into the section and instructed the control booth officer to let me out of the shower at 1115 hours. C/O Goodlett filed false charges and lied. This is supported by the written report, C/O Zamora's written report and all statements made to the I.E., the reporting employee never signed his alleged report. The evidence shows the

officer filed false charges

"request"

1-24-07

TO: APPEALS COORDINATOR

FROM: HOLLIS, E-37508

D-8-113

RE: "CHALLENGE to SCREENING FORM" (E)
(#1)

REC'D JAN 26 2007

SINCE THE SCREENING FORM IS INACCURATE. PLEASE SEE
ATTACHED 837/REISSUE/REHEAR ORDER. IN
ADDITION, THE "C" FACILITY DISCIPLINARY OFFICER
SIGNED HIS NAME AND ISSUED ME MY FINAL
COPY ON 12-11-06 NOT 12-1-06 AS
NOTED ON THE SCREENING FORM. I SUBMITTED
MY APPEAL TO THE APPEAL OFFICE ON 12-25-06
14 DAYS AFTER I RECEIVED THE FINAL COPY.
I HAVE COMPLIED TO THE DIRECTIVES ON THE
SCREENING FORM. CAN MY APPEAL NOW BE
PROCESSED FOR INVESTIGATION AND RESPONSE?

K.P.S. *

THANK YOU!

2ND LEVEL ORDER HAS NOT BEEN

ADHERED TO BY THE (SHOW). CAN YOU PLEASE HAVE
THE (SHOW) TO 1. 2ND LEVEL APPEAL ORDER. THANK!

Request

2-16-07

TO: APPEALS COORDINATOR

(E)
#12

FROM: HOLLIS E-37508

D-8-113

* (2ND LEVEL APPEAL DECISION) *

"NOT Adhered to"

The regular "C" FACILITY DISCIPLINARY OFFICER WHO WAS WORKING ON 12-11-06. THAT IS WHO ISSUED ME MY FINAL COPY. I PUT MY APPEAL IN THE DROP BOX PER OP #40 ON 12-25-06.

MY APPEAL WAS SUBMITTED WITHIN 15 DAYS OF RECEIVING THE FINAL COPY.

THE (SHO) DID NOT ADHERE TO 2ND LEVEL DIRECTIVES IN APPEAL LOG # SVSP-06-0038C DUE TO THE HOLIDAYS, STAFF DID NOT PROCESS

ANY APPEALS ON 12-25-06 OR 12-26-06.

I REQUEST FOR MY APPEAL TO BE PROCESSED SO I CAN EXHAUST MY ADMINISTRATIVE REMEDY AND SEEK ENFORCEMENT OF 2ND LEVEL APPEAL DECISION THAT GRANTED ~~ME~~ RELIEF.

"C" FACILITY LOG BOOK HAS THE DATE MY ~~MY~~ FINAL COPY WAS ISSUED.

Request

2-22-07

TO: APPEALS COORDINATOR

FROM: HOLLIS E-37508

D-8-113

(RE)

CAN I EXHAUST MY ADMINISTRATIVE REMEDY?
I DON'T KNOW THE NAME OF FACILITY "C"
DISCIPLINARY OFFICER. IF YOU CAN CALL I'M SURE
YOU CAN FIND OUT. DUE TO MY HOUSING STATUS I'M
UNABLE TO FIND OUT. FURTHER MORE I HAD 15 DAYS
FROM THE DATE OF MY 1ST SCREENING FORM TO
SUBMIT MY APPEAL. MY APPEAL WAS TIMELY
SUBMITTED. IF YOU REFUSE TO ALLOW ME TO
EXHAUST MY ADMINISTRATIVE REMEDY CAN YOU
PLEASE LET ME KNOW IF MY APPEAL IS
CANCELLED OR REJECTED, THANK YOU!
AND HOW CAN I EXHAUST.

REC'D FEB 28 2007

#~~00~~(3)

(E)

"Request"

#(4)
(E)

TO: APPEALS COORDINATOR 3 WARDEN 3-13-07
FROM: HOLLIS E-37508 D-8-22D

* * * * *

(CAN YOU ENFORCE SUSP-06-00380)

THE APPEALS COORDINATOR REFUSE TO ASSIGN MY APPEAL.

I request FOR RECONSIDERATION OF YOUR REVIEW. I found out the officer's name who signed and issued the final copy to me ON 12-11-06. His name IS C/O BERLUMAN. He was the Facility C-

disciplinatory officer who signed his name and issued the final copy to me ON 12-11-06 while I WAS IN Ad-seg C-8 Ad-seg

OVER FLOW. I WAS NOT ISSUED THE FINAL COPY ON 12-1-06 CAUSE I WAS BEING PROCESSED INTO Ad-seg ON 12-1-06. WHY DO I HAVE TO APPEAL WHAT WAS GRANTED TO ME BY 2ND LEVEL. NO MATTER IF YOU PROCESS THIS APPEAL OR NOT THE (SHU) STILL DID NOT ADHERE TO THE MODIFICATION ORDER. CAN YOU AT LEAST

ENFORCE the 2nd Level of appeal
decision and meet - order. CAN YOU
PLEASE CONTACT C/O BERLIMAN, FOR VERIFICATION
I did NOT forge a signature. The
signature is one in the same.
I did not have a black felt tip pen
while in Ad-seg. PLEASE RECONSIDER.
I'm giving you and (SUSP) the opportunity
to handle this matter administratively.

P.S. CAN YOU AT THE MINIMUM, ENFORCE
SUSP-06-00380 that was granted ordering
the (SHU) to adhere and address the
disparity of the reports. I was given a
aggravated (SHU) due to this (RVR).
IT APPEARS YOU ARE RETALIATING AGAINST ME NOT
TO ASSIGN THIS APPEAL AND TO ENFORCE
SUSP-06-00380.

Request
6(2)
(D)

#1

4-22-07

TO: APPEALS COORDINATORS & WARDEN

FROM: HOLLIS, E-37508

D-8-220

RE: "CHALLENGE to SCREENING FORM"

* (INAPPROPRIATE SCREENING OF MY APPEAL) *
(3004(21))

SIR, THE SCREENING FORM IS INACCURATE. I SUFFERED LOSS OF good time credits AND PRIVILEGES WHICH IS A ADVERSE EFFECT. THE (SHO) ADVISED ME AT MY CELL door THAT I HAVE A RIGHT TO APPEAL HER DISPOSITION AND FINDINGS. THE BODY OF THE (RVR) CLEARLY AND COMPREHENSIVELY STATED I REFUSED TO ACCEPT A INMATE ASSIGNED TO D-8-219 WHICH THE REPORTING EMPLOYEE SIGNED AS A TRUE AND CORRECT REPORT. THE (SHO) HAD A PREDETERMINED BELIEF AND DENIED ME MY RIGHT TO ATTEND THE HEARING WHICH A SIGNED "WAIVER" WAS REQUIRED. HOW CAN I EXHAUST MY ADMINISTRATIVE REMEDY TO THE ISSUE RAISED IN MY APPEAL? IS MY APPEAL REJECTED OR CANCELLED? HOW DID YOU COME TO YOUR PERSONAL CONCLUSIONS WITHOUT A INVESTIGATION TO THE ISSUE I RAISED? PLEASE REVIEW CCR.3084.5(h) (1) & (2) FOR PROCEDURAL AND due PROCESS VIOLATIONS
(OVER ON BACK)
THANK YOU!

#2

I'm repeatedly informed by (SVSP) officials to utilize the appeals process but when I do my appeals are frequently screened out in bad faith to harass and retaliate against me. My appeal is not frivolous and has merit to the arbitrary actions taken against me. It's not my fault the (SHO) choose to violate my rights and not adhere to Title 15. Division 3. The appeals coordinators are using the screening forms to harass me and circumvent the appeals process. One day the federal courts will step in and correct the unfair appeal procedures in place. It's staff like the appeals coordinators who causes litigation against (COE3'R) with their discriminatory actions and procedures against me. Although I don't have a constitutional right to the appeals process, I do however have a state right.